

PATENT RESEARCH INQUIRY FORM PRIF-1

DEPARTMENT <u>Heads</u> PATENT # <u>06014919</u>	TEAM _____ WEEK DATE <u>9/24/01</u>
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RESEARCH REQUEST

① Please verify text endorsement # _____

② Please verify U.S. Pub. Cite. Pg. 3 from _____

Action Requested by: Alema Date: 10/25

DESCRIPTION OF RESOLUTION
Please complete Disposition section

① 09739513. 121800

② date BP

Action Requested by: SM Date: 10/25/14

DISPOSITION

<input type="checkbox"/> MAKE CORRECTION: <input type="checkbox"/> USE AS IS	<input type="checkbox"/> In Production <input type="checkbox"/> External Department: <div style="text-align: right; font-size: small;">Please specify department and wand to group</div>
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<input type="checkbox"/> COMMUNICATION:	<input type="checkbox"/> Distribute Department wide as example only <input type="checkbox"/> Manual Improvement/Suggestion Form Needed* <div style="text-align: right; font-size: x-small;">*Response is for this patent only unless this box is checked</div>
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<input type="checkbox"/> NON CONFORMING:	<input type="checkbox"/> Return on Query	<input type="checkbox"/> Return to FMF
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~Do not release non-conformina files~